PTO/88/06 (12-04)

Approved for use through 7/31/2006, CMB 0651-0032

U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperson Reduction Act of 1995, no persons are required to respond to a collection of information unless a discharge a walld CMB control number.

Application of Obdition Number.

Substitute for Form PTO-875 Effective December 8, 2004									101	16
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OTHER THAN SMALL ENTITY	
-	FOR	MUMB	NUMBER FILED		NUMBER EXTRA		FEE (1)		RATE (1)	FEE (1)
	IC FEE FR 1 16(4) (b) or (:))	H/A .		NIA		150.00		NIA .	300.00
EARCH FEE			NVA	NIA		N/A . ·	\$250.	•	- N/A	\$500
XAMINATION FEE D' CFR 1 (Ho), (P), O' (D)		٠.	NVA	· · N/A		NIA	\$100		N/A	\$200
Q	TAL CLAIMS OFR 1 16(1)		minus 20 =				·	oia	X\$50 .	1.
9	EPENDENT CLAI DER 1 16(N)	MS	minus 3				·		X200 .	
PF EE)7	PLICATION SIZE	sheets of ts \$250 () additiona 35 U.S.C	If the specification and drawings excessheets of paper, the application size it is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereo 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.1			+180=			+360 =	
<u>tu</u>	TIPLE DEPEND				L					
Ħ	the difference in o	TOTAL		, '	TOTAL .	ــــــــــــــــــــــــــــــــــــــ				
·	APPL	SMALL	OR OTHER THAN , SMALL ENTITY SMALL ENTITY							
HA I		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (6)	ADDI- TIONAL FEE (S)		RATE (6)	ADDI- TIONAL FEE (5)
HENT	Total er cra Lucia	11	Minus	- 20		X\$ 25 .		OR	X\$50 .	·
ENOM	Independent - GFCFR LIGAT	*3	Minus	7	4	X100 .		OR	X200 .	
M	Application Stre Fee (37 CFR 1.16(6))						· · ·			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,18(8))					+180=		OR	+360=	
						ADD'L FEE	,	OR	TOTAL ADD'L FEE	L
•		(Column 1)		. (Column'2)	(Column 3)					
9 :1	5-806	CLAIMS REMAINING AFTER. AMENDMENT	::	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (S)	ADDI- TIONAL FEE (5)	. •	RATE (5)	ADOI- TIONAL FEE-(S)
Ī	Total gross com	24	Minus	• D	· 4	X\$ 25 .		OR.	X\$50 •	200
5	Independent G7 CFR 1.10(1)	• 4	Minus.	- 3	• /	X100 _		OR ·	X200 .	200
F	Application Size Fee (37 CFR 1.16(s))						·			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.16(1))					+180a		OR	+360=	
						TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	400

If the entry in column 1 is less than the entry in column 2, write "of in column 3.

If the Tighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "of."

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If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.